

Report Year:

2010

12882

Los Angeles Metropolitan Medical Center

Los Angeles

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

12882

Facility Name:

Los Angeles Metropolitan Medical Center

Address:

2231 S. Western Ave.

City:

Los Angeles

Hospital Owner/Licensee:

Pacific Health Corporation

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Bob Freeman

Submission Date:

1/25/2011 3:00:00 PM

Report Year:

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Hospital Building	2231 S. Western Ave.	Retrofit	SPC5	01/01/2015	01/01/2015

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Report Status: **Data Last Update:** 10/29/2010

Submission Date: 01/25/2011

Print Date: 1/26/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Hospital Building

Type of Service Provided
☒ Nursing Inpatient Beds 115 Inpatient Days 7169

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☒ Psychiatric
Nursing Inpatient Beds 34 Inpatient Days 8020

☒ Obstetrical
Ante/Postprtum Inpatient Beds 0 Inpatient Days 899

☐ Intermediate
Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 149

☒ Surgical

☐ Obstetrical
Recovery

☒ Anesthesia

☐ Newborn/
WellBaby

☒ Clinical Lab

☒ Emergency

☒ Radiological/
Imaging

☐ Nuclear
Medicine

☒ Pharmaceutical

☐ Dietetic

☒ Rehabilitation
Therapy

☒ Administration

☐ Renal Dialysis

☒ Support
Services

☒ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☒ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 01

Building Name: Hospital Building

Medical / Surgical (Include GYN)

Inpatient Bed 115 Inpatient Days 8068

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 34 Inpatient Days 8020

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 8 Inpatient Days 0

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

157

Total Beds this Building Per Service

149

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building
Number

Building
Name

Building to
be Removed

01

Hospital Building

☐

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Report Status: **Data Last Update:** 10/29/2010

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Hospital Building

Type of Service Provided

☒

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☒Psychiatric
Nursing☒Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☒

Surgical

☒

Anesthesia

☒

Clinical Lab

☒Radiological/
Imaging☒

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☒

Emergency

☐Nuclear
Medicine☒Rehabilitation
Therapy☐

Renal Dialysis

☒Outpatient
Surgery☒

Central Plant

☒Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Hospital Building

Configuration :

Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

Type of Service Provided☒

Nursing

☒

Surgical

☐Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☐

IntensiveCare

☒

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☐Newborn/
WellBaby☒Outpatient
Surgery☒Psychiatric
Nursing☒Radiological/
Imaging☒

Pharmaceutical

☒

Emergency

☒

Central Plant

☒Obstetrical
Ante/Postpartum☒

Dietetic

☐

Nuclear Medicine

☒Support
Services☐Intermediate
Care☐

Administration

☒☐

Skilled Nursing